



STATE OF TENNESSEE
DEPARTMENT OF COMMERCE & INSURANCE
DIVISION OF REGULATORY BOARDS
PRIVATE PROTECTIVE SERVICES
500 JAMES ROBERTSON PARKWAY, 2ND FLOOR
NASHVILLE, TENNESSEE 37243-1158
PHONE (615) 741-6382 FAX (615)-532-2965
www.state.tn.us/commerce/boards

FOR OFFICIAL USE ONLY

File #

Xact #

**CHANGE of CORPORATE QUALIFYING AGENT
ONLY
CONTRACT SECURITY COMPANY**

CONTRACT SECURITY COMPANY LICENSE #: _____

1. General Information:

Contract Security Company Name

Street Address (physical location)

Mailing Address (if different than physical location)

City State ZIP Code

Area Code and Telephone Number FAX Number Company Web Page Address and E-MAIL Address (If Available)

2. QUALIFYING AGENT INFORMATION:

Last Name First Name Middle Name

Residence Address City State ZIP Code

Area Code and Telephone Number FAX Number E-MAIL Address (If Available)

Social Security Number Date of Birth Place of Birth Age Sex Race Height Weight Hair Eyes

Have you ever used a name or alias other than shown above? If so, please list on the line above

3. List all residences during the immediate past five (5) years. (Attach an additional sheet of paper listing this information, please include dates of residency for each location.)

4. RESUME: Provide all employment or occupations engaged in during the immediate past (5) years.

5. Qualifying Information:

- ☐ I wish to apply for licensure on the basis of my **EXPERIENCE**. Attached is all the necessary/required documentation to substantiate my indicated experience. **Include a resume and written verification of management experience from previous employer(s).**
- ☐ I wish to apply for licensure by taking the required **EXAMINATION**. I understand I must make the necessary arrangements with the testing agency and pay any applicable fees associated with the examination.

6. Criminal History Information:

Answer the following questions completely. Information you provide may not disqualify you for a license. However, all arrests or charges, regardless of disposition, appear on record returns from the Tennessee Bureau of Investigation (TBI) and the Federal Bureau of Investigations (FBI). **If you answer yes to any of these questions, it will be necessary for you to provide certified documents of the court's final disposition, including suspended or deferred sentences, as well as, a written explanation of the events that surrounded the charges. If the court no longer has these records on file, you must obtain a letter from the judge or court clerk stating so.**

a. Have you ever been arrested in Tennessee or any other state? Yes ☐ No ☐

If **YES**, what state(s)? _____

If **NO**, go to question #7.

b. Were you transported to or surrendered at a police station, sheriff's office or other law enforcement facility? Yes ☐ No ☐

c. Once there, were you fingerprinted, photographed and booked into jail? Yes ☐ No ☐

d. Were misdemeanor or felony charges filed against you? Yes ☐ No ☐

If yes, please list the charges below. Attach a separate sheet of paper, if necessary.

Date	Charge	City	State
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Date	Charge	City	State
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e. Did you appear before the court and enter a plea of guilty, not guilty or no contest? Yes ☐ No ☐

f. Did the court find you guilty or not guilty? Yes ☐ No ☐

g. If you were found guilty, what was the sentence of the court? (Indicate the fine, time in the county jail or penitentiary, deferred sentence, suspended sentence, or period of probation. List the sentence below.)

Date	Charge	Sentence	Probation Completed Date
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Date	Charge	Sentence	Probation Completed Date
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h. Are you currently on a deferred sentence or on probation? Yes ☐ No ☐

i. Did the court dismiss the charges against you? Yes ☐ No ☐

j. Were those charges against you expunged from your record by the court? Yes ☐ No ☐

If yes, you must provide a copy of the expungement order.

k. Do you currently have charges pending against you? Yes ☐ No ☐

If yes, please provide the information requested below, along with an explanation of the circumstances surrounding the charge(s). You are required to provide this office with certified court documents showing the disposition of these charges within thirty (30) days of these charges being resolved by conviction or dismissal. Attach a separate sheet if necessary.

Date of Arrest	Charge	Court of jurisdiction (City, State)	Arraignment/Court Date
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Date of Arrest	Charge	Court of jurisdiction (City, State)	Arraignment/Court Date
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7. **Have you ever been declared incompetent by reason of mental defect or disease?** Yes ☐ No ☐
If yes attach separate documents and a written explanation.
8. **Are you currently suffering from habitual drunkenness or any narcotic addition?** Yes ☐ No ☐
If yes, attach proof (if applicable) of having completed treatment program(s).
9. **Are you a United States Citizen?** Yes ☐ No ☐
If not, attach documentation establishing your legal alien status. If you are not a U.S. citizen or Resident Alien you will not qualify for licensure.
10. **Have you ever served in Military Service?** Yes ☐ No ☐
a. Did you receive a Honorable discharge? Yes ☐ No ☐
If other than Honorable discharge, attach a separate sheet of paper explaining the discharge, a copy of your DD214 and copies of all final judgments or dispositions of charges.
11. **Have you read the Tennessee statutes pertaining to Private Protective Services and the corresponding Administrative Rules and do you understand your responsibilities?** Yes ☐ No ☐

12. I HAVE ENCLOSED:

- ☐ **Three (3) sets of classifiable fingerprint cards** OR A COPY OF MY PAID RECIEPT FOR ELECTRONIC FINGERPRINT PROCESSING INDICATING THAT I CHOSE THAT METHOD OF FINGER PRINTING SERVICES..
- ☐ **Documents Verifying Experience:** In accordance with Tennessee Code Annotated §62-35-106(6), documentation of at least three (3) years of supervisory experience with a contract security company, proprietary security organization, federal, United States military, state, county or municipal law enforcement agency.
- ☐ **A Resume listing all employment/occupations** for a minimum of the immediate past five (5) years.

NOTICE, AUTHORIZATION AND RELEASE FOR THE PROCUREMENT OF A CONSUMER AND/OR INVESTIGATIVE CONSUMER REPORT

I, the undersigned applicant, do hereby authorize the *Tennessee Department of Commerce and Insurance, Division of Regulatory Boards, Private Protective Services* to procure a consumer report and/or investigative consumer report on me. I understand that this authorization and release shall be valid for subsequent consumer and/or investigative consumer reports during my period of certification, licensure or registration by this agency for the purpose of investigating my credit references, and any workplace misconduct or criminal activity for which I am alleged to have been involved in.

These above-mentioned reports may include, but are not limited to, information as to my character, general reputation, and personal characteristics, discerned through employment and education verifications, personal references, personal interviews, my personal credit history based on reports from any credit bureau; my driving history, including any traffic citations; a social security number verification; present and former addresses; criminal and civil history/records; any other public record.

I further authorize any person, business entity or governmental agency who may have information relevant to the above to disclose the same to the Tennessee Department of Commerce and Insurance, including but not limited to any and all courts, public agencies, law enforcement agencies and credit bureaus, regardless of whether such person, business entity or governmental agency compiled the information itself or received it from other sources.

I understand that any false statement(s) and/or misrepresentation(s) given by me on this application or on any attachments will be punishable under Tennessee Code Annotated § 62-35. Therefore, I certify that all answers, statements, and information given herein and on any attachments, are true and correct to the best of my knowledge and belief.

(Signature of Applicant)

Subscribed and sworn to, before me on this _____ day of _____, 20_____

[NOTARY SEAL]

(Signature of Notary Public)

My commission expires: _____



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CHANGE of CORPORATE QUALIFYING AGENT ONLY CONTRACT SECURITY COMPANY

APPLICATION INSTRUCTIONS

REMOVE THIS PAGE BEFORE YOU SUBMIT YOUR APPLICATION - RETAIN THIS INFORMATION FOR YOUR RECORDS

READ ALL INSTRUCTIONS CAREFULLY!

Date Application Mailed/Submitted to the State: _____

<u>FEES</u>	<u>Submitted w/Application</u>	
Fingerprint Processing Fees (\$30.00 - TBI, \$30.00 - FBI)		\$60.00

- FEE INCREASE EFFECTIVE **OCTOBER 01, 2007** FOR CARDS SUBMITTED TO THIS OFFICE FOR PROCESSING.
- OR A COPY OF THE PAID RECEIPT FOR ELECTRONIC FINGERPRINT SUBMISSION INDICATING THAT YOU CHOSE THAT METHOD OF FINGER PRINTING SERVICES.

-Before proceeding, read the enclosed copy of the Tennessee Private Protective Services Law and Administrative Rules. It is your responsibility to know and understand the laws and rules regulating contract security companies in the State of Tennessee.

AN APPLICANT FOR CHANGE OF QUALIFYING AGENT MUST SUBMIT:

- **An application** completed in its entirety.
- **The fingerprint fee of \$60.00 (non-refundable).** If you chose to have this office process your finger print cards, please submit the three (3) sets of classifiable fingerprints on fingerprint cards provided by this office. Prints must be rolled nail to nail by a qualified, trained technician. The cards must be completed fully and signed, all questions in the blocks at the top of the card must be answered. (Please enter N/A if the question does not apply to you) OR A COPY OF THE RECEIPT DOCUMENTING THAT YOU HAVE SUBMITTED YOUR PRINTS ELECTRONICALLY.
- **A RESUME** (not considered proof of experience)
- **Documents Verifying Experience:** In accordance with **Tennessee Code Annotated §62-35-106(6)**, documentation of at least three (3) years of supervisory experience with a contract security company, proprietary security organization, federal, United States military, state, county or municipal law enforcement agency.

Please keep a photocopy of this application for your own files.